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Art. I.—ON THE DANGER FROM VEGETABLE PUTREFACTION ABOUT OR IN FARM DWELLINGS.

BY JAMES MEASE, M. D.

My knowledge of the carelessness of farmers in permitting the accumulation, near their houses, of the materials whence malignant exhalations issued to the injury of the health of themselves and families, induced me to draw their attention particularly to the subject, in a paper inserted in the fifth and last volume of the "Philadelphia Agricultural Society's Memoirs." I therein referred to two cases of mortal fevers, which originated in Virginia and Pennsylvania, from vegetable exhalation in and near houses. At that time I was only able to state the general fact, but I soon after obtained the particulars, which I deem it important to communicate, as they will probably induce farmers to pay increased attention to the prevention of disease from the causes mentioned.

Case 1.—In the month of August, 1824, died at the house of John Palmer, Concord Township, Delaware County, Pa., the following persons:—Rachel Palmer, aged about sixteen years, Aug. 17th; John Palmer, aged eighteen, Aug. 23; Lewis Palmer, aged twenty-two, Aug. 27. Their disease was a malignant fever, which in the opinion of the attending physicians, Drs. Hammer and Marsh, and of the consulting physician, Dr. Jacques, of Wilmington, Delaware, originated from the following cause:- An old building in a state of decay, which had formerly been long used for a milk house, and standing fifteen or twenty yards from the door of the dwelling, had been suffered to remain with several inches of water in the cellar, and the upper floor having been removed, the roof during many years served as a shelter for poultry at night, and they of course deposited their fæces in the cellar; to which were added rubbish of various kinds, weeds, and decayed logs. In the year 1824, the roof having been removed by decay or otherwise, the whole mass in the cellar was acted upon by the sun's rays, and emitted a highly offensive odour. The water of the well, which was situated between this ruin and the dwelling-house, also became offensive and unfit for use. Besides those who died, four more of the family were affected with the same fever, but having been taken to neighbouring houses, they happily recovered. The source of the disease having been removed, the family have since enjoyed good health.

For the above particulars I am chiefly indebted to the late Dr. Jacques.

Case 2.—Mr. James M. Garnett of Essex Co., Virginia, kindly procured for me the details of another case of malignant fever that occurred from the same cause as the preceding, in a highly respectable family in that state. The following letter was from the attending physician, Dr. R. Ludlow.

"Essex County, May 30th, 1826.

"Dear Sir,—I have just read Dr. Mease's letter to you, making some enquiries concerning the cause and nature of the disease which occurred at Blanfield, in the fall of the year 1822. He states that the disease was produced by the exhalations arising from a quantity of cedar or cypress shingles

when exposed to the air, after having been stored for some years in the cellar of the dwelling-house. It is true that a quantity of shingles were stored in the cellar, but they were never removed, and, being perfectly sound, had, I believe, very little agency in the production of the disease. The cause, I think, is to be ascribed to the foul air of the cellar, which had not been ventilated for years. Dr. Clark informed me that he attempted to examine its condition, and that, having proceeded but a little way, he found the stench so intolerable that he was forced to retreat immediately. In a young lady it produced nausea and giddiness, and in another, oppressed breathing. When this was found to be the state of the cellar, orders were given to remove the offensive matters and to throw open the doors and windows immediately, and as soon as this was done almost every person in the house sickened. The offensive mass, which had been accumulating there for a long time, became by agitation more virulent, and seemed to fill the whole house with its poisonous vapours. Three sickened before their removal, seven directly after it, and one some time afterwards. Of the white persons, thirteen in number, who lodged at Blanfield House, including visiters, only two escaped. Several causes may be noticed, which had no small agency, in my opinion, in conjunction with the pent-up air, to render the exhalations from the cellar so exceedingly deleterious. These were,—age of the house; the spacious cellar, divided into many rooms, which were seldom opened, the entrance to it being by a long narrow covered way, built of brick, and so placed as almost entirely to exclude the air: the outer windows being of glass, which were never opened: the decaying wood, I mean the beams, door, and window frames, &c., in the cellar of so old a building, and which had been so much neglected: the dirty water, which I was informed the washer-women were in the habit of throwing there, and the offal of the garden, which the cook too was in the habit of depositing there,—were enough to produce all the mischief. Whether the report about the washer-women and cook is correct or not, I do not know, but certain it is, that the cellar was in a very dirty condition, and the smell from it exceedingly offensive.

"The disease was a high grade of remitting bilious fever, with derangement of the liver. Black vomit did not attend it. Three of the eleven cases terminated fatally. Neither of these cases did I see in the beginning. They were not treated as promptly as the others, and it is well known how important it is in a violent disease to apply the proper remedies in the very commencement. The cases which terminated favourably, were as I have mentioned, eight in number. They were bled largely on the first invasion of the disease, and this was repeated as often as the pulse indicated. The subjects of the fatal cases were not bled till after the lapse of three or four days. Calomel was given liberally, in combination with antimony, and in the advanced stage, conjoined with opium. Blisters were of course freely used, and, when the disease would not yield, mercurial ointment was added so as to affect the mouth. The disease was highly inflammatory as the treatment sufficiently indicates;—a hard, strong and full pulse, great heat of skin, and thirst, attended in some of the cases with excruciating pain. In the congestive form, however, there was neither pain, heat, nor thirst. The skin was cool, the pulse small, and the breathing oppressed."

Philadelphia, May 24th, 1837.

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NOTE BY THE EDITOR.

The above are examples of the extremely deleterious character of terrestrial emanations under particular circumstances, but we do not consider them as by any means proving that such exhalations are the products of vegetable putrefaction. They merely indicate, that where a locality is already malarious, certain physical conditions may give rise to a greater disengagement of the "fitful pest." The steeping of hemp has generally

been esteemed a most unhealthy process, and so it is, where the locality is malarious,—that is, subject to intermittent or remittent fevers, for it is to situations liable to those diseases that the term "malarious" is, in common parlance, applied; yet we have numerous examples to show that the process is not unhealthy in districts where these diseases do not prevail. At the foot of the southwestern range of mountains, in Virginia, a friend of the author cultivates it largely, yet no such effects as those represented are caused by it. In many parts of that salubrious district, intermittents are wholly unknown, yet at a few miles' distance they prevail annually. Can it be that there is vegetable decomposition in one case, and not in the other? In New England, again, intermittents are almost unknown. Marshes and mill-ponds may exist, yet the locality may be free from disease. The inhabitants of a malarious region, who have never lived in one that is not so, can neither readily comprehend nor credit this, but the fact is undoubted. Dr. Carbutt, of Manchester, England, has adduced an example of what we often meet with both in this and other countries. It strikingly exhibits how little we know of the terrestrial conditions that generate the malaria which produces intermittent and other diseases. "I have to remark to you," he observes, "that in the memory of the oldest medical practitioner living, and as far back as tradition can reach, *there never was an ague caught in Manchester, nor within a considerable number of miles of it.* This fact is rather remarkable, as you know we lie upon four rivers, and one or two considerable brooks, besides being surrounded and traversed by canals innumerable. But do we never see the ague, then, in Manchester? O, yes; we see plenty of it. The poor Irish, who go in the autumn of the year to assist at the harvest in Holderness, Lincolnshire, Cambridgeshire, Essex, and other places, come, many of them, to winter in Manchester, and the first east wind that blows in February or March brings out the first paroxysm of that ague which they had caught in the autumn, but which had lain undeveloped and unsuspected in the system until aroused by such weather as we generally have in February and March."[1]

Every fact and argument confirms us more and more in the conclusion at which we arrived when canvassing the subject of terrestrial emanations on another occasion,—"that a great and everacting cause of the difference of salubrity of countries is seated in the locality; that is, in the soil that forms them, and in the air that circulates above them; and although we may be able to modify the condition of the former, and improve the circulation of the latter, we can rarely succeed in annihilating either of those influences."[2]

Art. II.—ICHTHYOPHAGOUS TRIBES.

There are many nations of the globe that are wholly ichthyophagous; and many tribes in antiquity were designated—from their food—"Ichthyophagi." Such tribes are generally in a state of great moral and physical abjection. Content to subsist on fish left behind after inundations, or with the slender efforts required in catching them, they are usually indolent and debased;

[1] Clinical Lectures in the Manchester Royal Infirmary, p. 193. London, 1834.

[2] On the Influence of Atmosphere and Locality, change of air and climate, &c., on human health, p. 149. Philadelphia, 1835.

but they multiply like the poor inhabitants of Ireland—who are equally contented with a miserable supply of food and clothing—to an extent not witnessed where the customs of society require more exertion for the maintenance of a family. It is wisely remarked by Mr. Gallatin,—in a most interesting paper recently published, and entitled "A Synopsis of the Indian Tribes within the United States, east of the Rocky Mountains, and in the British and Russian Possessions in North America,"[1] a copy of which has been kindly presented to us, on behalf of the distinguished editor, by the excellent and venerable philologist, Mr. Duponceau,—that "a greater and more uniform supply of food is afforded by fisheries than by hunting; and we find, accordingly, that the Narragansets of Rhode Island were, in proportion to their territory, the most populous tribe of New England."

A limited view of anthropology has caused this multiplication of the species in ichthyophagous tribes to be ascribed to the spermatopoietic properties of the diet. "The like is written," says a distinguished writer in the quaint style of his day,[2] "of St. Genevese, the holy maid of Paris, who (like the Egyptian phrophetess) abstained wholly from flesh, because it is the mother of lust; she would eat no milk, because it is white bloud; she would eat no eggs because they are nothing but liquid flesh. Thus pining, and consuming her body both against nature and godliness, she lived in a foolish error, thinking flesh more ready to inflame lust then fruit or fish, the contrary whereof is proved by the Islanders, Groenlanders, Orites, and other nations, who feeding upon nothing but fish (for no beast can live there for cold), yea, having no other bread but what is made of dried stock-fish, grinded into powder, are nevertheless both exceeding lecherous, and also their women very fruitfull. Yea, Venus, the mother of lust and lechery is said to have sprung from the fome of fish, and to have been born in the sea, because nothing is more availeable to engender lust than the eating of certain fishes and sea-plants, which I had rather in this lascivious age to conceal from posterity, then to specifie them unto my countrymen, as the Grecians and Arabians have done to theirs," &c. &c.

A much later writer inculcates the same idea. "We see more children," says Tourtelle, "in sea-ports than any where else. The population is immensely great in Japan and China, where scarcely any other kind of food is ever met with, so that the founders of religious orders, as Montesquieu has judiciously remarked, who are desirous of subjecting their unhappy victims to the impracticable law of chastity, totally failed in their object by prescribing the constant use of fish."[3]

Art. III.—ON BLISTERS IN LOCAL INFLAMMATIONS.

BY PROFESSOR J. E. COOKE, OF TRANSYLVANIA UNIVERSITY.[4]

Professor Cooke has recently detailed some cases of the successful application of blisters on local inflammation, with views of their *modus operandi*, which were read before the College of Physicians and Surgeons at Lexing-

[1] Archæologia Americana.—Transactions and Collections of the American Antiquarian Society. Vol. ii. p. 37. Cambridge, 1836.
[2] Muffett, in Health's Improvement. London, 1655. p. 54.
[3] Elémens d'Hygiène, Tom. ii., p. 178.
[4] The Transylvania Journal of Medicine, for Oct., Nov., and Dec., 1836. p. 689.

ton, in November last. Several of the cases are not possessed of much novelty or interest, inasmuch as they were those in which, by common consent, either stimulants or revellents would be expected to be beneficial. In the swelled leg of lying-in women, Prof. Cooke reposes great confidence in the use of blisters, and "eruptions of the skin, called ring-worm," he says, "are immediately carried off by blistering."

"This remedy," he afterwards remarks, "has been so effectual in relieving, or rather removing, inflammations, that I have never resorted to cupping. It has left nothing to be desired in the treatment of most cases of local inflammation, when the action of the heart and arteries is moderate. If used before very high action is reduced, it is not always effectual, very often fails, and is sometimes injurious. After the action is reduced to a moderate state, or if the action is not immoderate in the beginning, no remedy is to be preferred for the single purpose of removing local inflammation."

An important practical consideration is involved in the question,—whether the efficacy of blisters is dependent upon the counter-irritation or the discharge. Professor Cooke maintains the latter view.

"I think," he says, "that observation will show the fact, that blistering-plasters act with more effect in relieving inflammation when they produce a very large discharge. It is a common observation, that when the relief has been perfect, the discharge has been profuse, and that the relief is imperfect and incomplete when the skin has been merely loosened, and the blister has not filled well. Moreover, when the plaster has produced a very red and angry looking surface, the patient is not relieved. An old woman had a very great pain in the knee, evidently proceeding from inflammation. I advised her to apply a blistering-plaster, which was done. It produced great irritation, the cuticle was raised over the whole surface, which was very red and sore, but the discharge was almost nothing. The pain was not at all relieved, and soothing warm fomentations were obliged to be used to promote a discharge. In correspondence with this idea it is well known that relief from a seton or issue depends not upon the irritation, but upon the freedom of the discharge. An issue that is very sore and shows great irritation is not as beneficial as one that discharges freely; and if it be much irritated, poultices, soft and warm, are applied to soothe the irritation and promote a discharge; so, in like manner, when a blistering-plaster is very sore and angry, such soothing applications are made, certainly for the same purpose, to promote a discharge, and certainly to lessen the irritation, not to promote it."

Our observation and reflection has led us to differ from the author in this matter. When we enquire, indeed, into the action of all the agents that belong to the class of revellents, we find that there are some, of most unquestionable efficacy, which are not permitted—if it can be avoided—to excite suppuration. We take, as an example, the moxa, which, thus employed, we have seen in our own practice, as well as in that of others, at home and abroad, produce the most beneficial results in many cases of deep-seated inflammation. The view of Professor Cooke regarding issues and setons is that of Mr. Pott,[1] and indeed of most of the old writers. It was the opinion of that celebrated surgeon, that the utility of caustics in the vertebral disease was entirely owing to the quantity of matter which they discharged, checking in some manner the caries, and giving nature an opportunity for exerting her powers by throwing off the diseased parts and pro-

[1] Works, iii. 455.

ducing by incarnation a union of the bones (rendered sound), and thereby establishing a cure; and that it was of very little importance towards the cure by what means the discharge was procured, provided it was large, came from a sufficient depth, and was continued for a sufficient length of time. Larrey, on the contrary, considers that the discharge from ulcers, formed by caustic, after the manner of Pott, is attended with bad effects upon the system, on account of the debility it induces, without producing the desired change in the vessels of the part.[1] In this view many therapeutists participate, whilst others, amongst whom we range ourselves, without joining in these apprehensions, conceive, that the establishment of the discharge can only be regarded as an evidence that the new local modification has proceeded to the due extent,—that the revellent action is properly established. We have, indeed, no hesitation in affirming, as the result of our own experience, that the intermittent irritation produced by the repeated application of blisters, has been more successful than the continued, produced by what are called "permanent" or suppurating blisters.

There cannot be a question, that too much irritation may be excited in the blistered part, and that irritative irradiations may proceed from it, and prove injurious, by adding, perhaps, to the inflammation, for the removal of which the blister was applied. In such a case there may be little or no secretion from the irritated surface, and although we may not agree with Professor Cooke in the beneficial agency of the discharge on the diseased condition, we regard a free secretion from the inflamed surface as an evidence that the revulsion is satisfactorily established, so that all the beneficial effects which such revulsion is capable of inducing may be naturally expected from it.

Art. IV.—MOTT'S SUCCESSFUL CASE OF LIGATURE OF THE RIGHT INTERNAL ILIAC ARTERY.[2]

Professor Mott has recently published a case of aneurism of either the ischiatic or gluteal artery, for which the right internal iliac was successfully tied. The patient was a man of colour, about thirty-eight years of age, who had worked in a grocery store. He first felt the symptoms of this disease in 1832, when he was affected with diarrhœa, with frequent tenesmus, during which he perceived a swelling and pulsation in the right buttock, which gradually increased until the time of the operation, the 29th of December, 1834. Dr. Mott then proceeded to tie the right internal iliac artery. The incision, which was fully five inches long, extended from a spot on a line with the umbilicus, about midway between the linea alba and the anterior superior spinous process of the ilium to within half an inch of Poupart's ligament, and then curved forward an inch over the course of the spermatic chord. The operation lasted about forty-five minutes, owing to the "almost irrestrainable intractibility and frantic restlessness of the patient." His great straining and jactitation caused Dr. Mott to make a small opening in the peritoneum, whilst separating it from the iliacus internus muscle. The peritoneum and intestines being drawn up and supported by a large

[1] Mémoires de Chirurgie Militaire, iv., 369.

[2] The American Journal of the Medical Sciences, May, 1837, p. 13.

curved spatula, the internal iliac artery was readily seen crossed by the ureter, which was easily pushed aside. The filamentous tissue was quickly separated by the fingers from about the vessel, and the ligature conveyed under it by the American needle. At the moment of tightening the knot the hand was applied to the tumour, in which all pulsation immediately ceased, and which itself almost entirely disappeared directly after. He was put to bed, took twenty drops of a solution of morphine, and passed a good night.

The case went on without the occurrence of any unpleasant symptom; on the 9th the sutures were removed from the wound, which was very much closed; and on the 42d day the ligature came away.

"After his recovery," says Dr. W. C. Roberts, who has communicated his case in the absence of Professor Mott, "the patient lived as a domestic in the family of the doctor (Mott), and has only just quitted it to become coachman to a gentleman of this city, being now, nearly two years afterwards, in perfect health; a sufficient evidence of the perfect success of the operation."

Art. V.—NECK OF THE UTERUS IN THE YOUNG FEMALE.

BY DR. MARC D'ESPINE, OF GENEVA.[1]

Now that the speculum is beginning to be so much employed by the obstetrician, in the examination of the diseases of the os and cervix uteri, it becomes important that the practitioner should be well acquainted with the condition of the parts in health, both in those who have and in those who have not been impregnated.

The following observations of M. d'Espine throw some light upon a subject, for the investigation of which we do not possess the same facilities as the physicians of continental Europe.

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The neck of the uterus, examined by the speculum, in a healthy female, who has never been pregnant, has the form of a small nipple, longer or projecting more than it is broad at the base; situated at the bottom, and always a little above the axis of the vagina. Its colour is most commonly like that of the vagina, and varies between the pale rose, the rose, or violet rose shade. It is never vivid in a state of health. The orifice of the neck, in the healthy and nulliparous female, always has the form of either a triangular or round aperture, constantly of a very small diameter. The small vertical and horizontal diameters are always sensibly equal. The approximative dimensions may be estimated as follows: the diameter of the neck, at its base, rarely exceeds six to nine lines; the perpendicular let fall from the top of the neck to the base, which measures the projection, is commonly eight or ten lines. The diameters of the orifice are one or two lines.

This general description has some exceptions. Of twenty-five nulliparous females, examined once or twice by the speculum, twenty-two accorded with the above description, seven were exceptions. Of these last, the neck was in four cases large, and in three it was found but little prominent, or entirely flat. In two only, the orifice, instead of being round or triangular, was linear as if closed; but in these cases the cleft was only one or two lines, and always much smaller than it is found in women who have had

[1] Archives Générales de Médecine. Avril, 1836.

one or more children, as we shall see presently; so that it may be said that the orifice of the neck—almost always triangular or round, very rarely linear—is constantly small, never more than one or two lines in diameter, in a woman who has never borne a child.

Age does not appear to have a marked influence on the female and the dimensions of the neck; for in the seven exceptions there was but one woman above thirty years; whilst, in the twenty-two others, three had passed that age. The ratio of one to three is nearly that of seven to twenty-two.

If age does not of itself induce any modification perceptible by the speculum in the state of the neck, this is not the case with pregnancy.

When we examine the neck of the uterus of a woman who has had one or more children at the full term, we find it, in the first place, somewhat augmented in size, and more or less flattened, so that the diameters of the base are always sensibly greater than the perpendicular which measures the projection. It has no longer the mammillary form, and may rather be compared, if not in size, in shape to a tartelet. As for the orifice, that which was the exception in the case of the nulliparous female becomes the rule. It is almost always linear, and scarcely ever has the round or triangular shape. The length of the cleft varies, but it is always at least three lines, and may be six or eight lines in its transverse diameter; in one case I have seen it an inch. Sometimes this line is straight and transverse; at others it is sinuous and jagged.

There does not exist much difference between women who have had one, and those who have had several children. The neck is more or less large; the orifice, always either linear or sinuous, is more or less lengthened; but in many primiparous females the orifice is found as long as in certain others who have had successively two, three, four, five and six children. In general, however, it is correct to say, that the neck is smaller, and the orifice less, in proportion to the paucity of children.

Of twenty-two women who had been once or twice pregnant, and whose history I have in detail, four had miscarried once when I observed them, twelve were delivered at the full period, eight had had two children, three had had three, and four a larger number.

If we except the first class of females, in each of the following classes we find the orifices of the neck measuring four and five lines. The woman, who had had only one child, had a linear orifice six lines long; whilst a woman who had borne four children, had one of four or five lines; a woman who had had eight children, however, had a uterine orifice an inch in diameter.

Thus, although, as a general rule, the neck is larger and more flattened, and the orifice more linear and broad in proportion to the number of children, the law is not mathematical, and, doubtless, other causes may act concurrently with that law, such as the circumstances of the labour, the size of the child, &c. Examination by the speculum exhibits, therefore, more marked differences between the woman who has not borne children, and her who has had one, or who has had several.

There is an approximation between nulliparous and primiparous females; I mean those who have been pregnant but once, and have been delivered before the full period. Four women in thirty-two have been in this category. In one, the date of whose miscarriage is not indicated, the neck was small, and by the speculum all appeared to be in the same state as in the nulliparous female. The three others miscarried at six months, one at three months, and one at two. In all three, the neck was of mediocre size, nipple-shaped,—that is prominent. In the three first the orifice was elliptical, in the two others linear,—the line, in the last, being irregular or jagged. In the three cases, the diameter was about two lines.

This small diameter of the orifice, which was never met with in those who had had children, as well as a slight augmentation in the size of the neck without change of its shape, appear to me, when taken together, to be

the two best signs for discriminating this mixed state between the woman who has never conceived, and her who has had a child.

Of eighty-three women, the description of whose cervix uteri as seen by the speculum, I have preserved the description, six were pregnant, and in three of these only is the description in sufficient detail. In those women the neck was more or less enlarged and soft, and the lips were tumefied. In two of them, the orifice was so dilatable, that a tolerable sized pencil could be readily introduced into it. This last character seems to me especially worthy of consideration, since it was not perceptible in any of the seventy-seven other women, who were not similarly circumstanced.

Lastly, to exhaust the subject, it remains for us to enquire into the value, as a sign, of the sinuous or jagged state of the orifice. On comparing, in our notes, this condition with that in which the orifice has the shape of a straight transverse line, we discover, that these two shapes are met with equally in women who have had but one miscarriage, or one or several *accouchemens*. But the proportion of sinuous orifices appears to augment a little as we pass to women who have a greater number of children, so that, from the jagged or sinuous state of the orifice, we may infer the probability of a greater number of previous labours. It might, however, happen, that difficulties in the accouchement, or accident, might determine this sort of lesion of the neck in the first labour, and even in the first abortion. Thus the female, cited above, who had aborted but once, and that occasioned by a kick in the abdomen, had a small orifice, it is true, but jagged or irregular.

Such are the results as regards the diagnosis of previous gestations. deduced from a collection of one hundred and twenty cases, or notes which I have kept from periodical and regular examinations with the speculum, made at the *Hôpital des Vénériens*, of which I was *interne* during the year 1832.

They appear to me of sufficient interest of themselves, and deserve to be verified by other observers. I know well, that the "touch" affords many valuable diagnostic facts on these very questions; but it will be admitted that it leaves many points too vague to prevent us from eagerly seizing this new method for confirming them. Examination by the speculum will aid "the touch," as auscultation aids percussion in the diagnosis of thoracic affections.

A good account by the woman examined is doubtless a more sure, or at least as sure, a means for arriving at a knowledge of all the circumstances relative to her past life as the touch and the speculum united; but there are medico-legal cases in which the testimony of a female and of those who surround her becomes suspected, and which require the aid of all the medical means of exploration that we possess.

Art. VI.—NUMBER OF SUICIDES IN ENGLAND AND FRANCE.

Fifteen years ago, it was a universal opinion in France, that the proportion of suicides was much greater in London than in Paris; and the idea prevailed extensively that such a thing as a "hanging month"—the month of November, which is generally dank and gloomy—had some foundation in fact. A cursory comparison of the bills of mortality of London and Paris had at that time convinced us, that the ratio of deaths by suicide was greater in the French than in the English metropolis. This opinion we were in the habit of expressing, amongst others, to our estimable friends, now no more, MM. Georget and Miquel, and to M. Amédée Dupau, the excellent editor at that time of the *Revue Médicale*, but we could gain no proselytes.

In a late French journal[1] we find the following note, showing that sentiments are beginning to change with the weight of evidence.

"We read in a statistical note on England, published in the *Bibliothèque* of Geneva, from the mortuary registers of London, that classic land of suicide, that the number of suicides has diminished there so much, that in 1834 and 1835 together, there were only 83; which, in 43,094 deaths, makes 1 suicide in 519; whilst at Paris the ratio is 1 in 100. We have compared these calculations according to the scale of suicides given by M. Dupin, with the picture of mortality in France, given by the "Bureau des Longitudes," and have found it correct. This is one of those aberrations, which the human mind cannot conceive, and which, however, is owing to a number of causes, which it would be of the highest importance to comprehend."

Art. VII.—SYMPTOMS OF TYPHOID FEVER WITH VERY SLIGHT AFFECTION OF THE DIGESTIVE TUBE.[2]

The following case, which occurred at the "Hospital la Charité," under Professor Andral, is elucidative of a subject on which some observations were made by us in the first number of this journal.[3] We give also the preliminary remarks of the reporter.

"It has been much debated, in recent times, how far the aggregate symptoms that characterise typhoid fever should be considered as the constant result of inflammation of the digestive tube, and in particular of that of the intestinal follicles.

"The following case appears to us deserving of publication, as calculated to throw some light on this important question. Not only did it present the symptoms of typhoid fever, but these symptoms succeeded each other in the order in which they appear in the course of that disease. It was in truth a case of dothinenteritis, by the nature of the functional disorders, their succession and catenation; and yet, after death, the digestive tube was but slightly affected, so slightly, indeed, that the appearances were incapable of accounting for the morbid phenomena observed during life. The slight development of the follicles may be regarded as one of the elements of the disease; it could not be esteemed the cause; but besides this there was a serious disorder of quite another kind; this was a considerable abscess, suddenly formed behind the pharynx, and the obscurity of the lesion, and the difficulty in the diagnosis, are circumstances that add to the interest of the case. Was this abscess the cause of the typhoid fever? or was it only a secondary lesion, one of the elements, like the very slight intestinal affections found on dissection, and did the fever make progress accompanied by these different lesions without being caused by any? These are so many important questons, which we are satisfied with proposing, and which we subject to the reflections of observers. The case will at least prove, that every thing is not settled as to the *rôle* which gastro-intestinal affection plays in typhoid fever.

"In the ward St. Louis, No. 38, lies Leger, an attendant upon the baths, who has resided in Paris for the last two years. In the last five years has enjoyed good health. Had eight months ago an affection of the throat; has been sick for four days. Had slept in the sun; awoke with considerable headache, irradiating chiefly towards the nape of the neck; at the same time he complained of anorexia, diarrhœa, and indisposition. On the following night headache and agitation.

"The next day and the day after, continuance of the same symptoms, and, in addition, affection of the throat, which came on without chills.

[1] La Lancette Française. Mai, 1836.
[2] Bulletin Clinique. Août, 1836.
[3] P. 10—On Typhus and Typhoid Fevers.

"*State on the 2d July.* Face moderately flushed; forehead somewhat warm; cephalalgia disappearing by rest; slight confusion, no vertigo, nor tinnitus aurium; epistaxis (he is subject to it). Day before yesterday, feeling of debility and fatigue; no pain in the joints; tongue dry, red at the tip, white coat at the centre; great thirst; anorexia. The tonsil of the left side is a little increased in size; redness of the pharynx and velum palati. Externally, swelling more marked on the left than the right side. Pain in deglutition, especially of drinks; bowels slow; but abdomen supple, without any tympanitic distension; three evacuations this morning; no spots on the skin; pulse 84; respirations 28 in the minute; skin hot yet moist; no palpition; sound normal in the region of the heart; slight degree of impulsion; has been subject to cough for several years; respiration good on both sides in front; some bubbles of mucous rattle behind; sound normal on both sides; saliva slightly alkaline. (Bleeding to four cups; pectoral infusion; diet.")

On the third, fourth, fifth, and sixth of July the disease continued in much the same way.

"*July 7th.* Erysipelas confined to the right ear; tongue red, clammy, covered with a white coat, with a brownish crust in the centre; thirst somewhat considerable; little appetite; no nausea or colic; two evacuations; belly supple, but indolent; pungent heat of the skin; no persistent patches of sudamina; pulse 112; respirations 32; pulse developed, tense, and somewhat hard; no pain in the throat; teeth dry; white coat on the lower gums. (Seidlitz waters, a bottle; lemonade; diet).

"On the 8th of July, the erysipelas continues and has invaded the whole of the right cheek and a part of the forehead of the same side; general dejection; prostration; immobility of the limbs and trunk. Tongue extremely dry, raspy, red, horny at the edges, with a crust at the centre; lips very dry and with a crust in some parts; teeth dry and a little fuliginous; same coat on the lower gums; evacuations abundant; abdomen natural as to shape, supple, indolent; persistence of sudamina; no spots on the abdomen; pulse frequent, 106; skin dry and burning hot. The patient is much worse than yesterday. (Pectoral infusion; sinapisms to the feet.)

"*July 9th.* The erysipelas has extended towards the lower part of the face; the right eyelid is greatly tumefied and fallen upon the eye; four evacuations yesterday; pulse 120, developed; skin burning hot; respirations 32. (Bleeding to three cups.)

"*July 10th.* Clot small, retracted, of ordinary consistence, and covered by a thin buff with raised edges; serum abundant. In the night delirium; this morning stupor; the erysipelas has not increased; the cheek has sunk a little; tongue very dry, incrusted; teeth dry; persistence of the sudamina; appearance of fresh sudamina on the abdomen; the spleen passes a little below the false ribs. No tympanitic affection of the abdomen; several evacuations; pulse 142; respirations 20, very loud and sounding in the larynx; pulse weak, the artery as if empty; anteriorly, the sibilant *râle* in several parts of the chest. (Lemonade, two pots; mucilaginous mixture; sinapisms to the legs; diet.)

"*July 11th.* Violent delirium all night; application of the strait waistcoat; continuance of the diarrhœa; painful condition of the whole abdomen on pressure; but little heat of skin; continuance of the mucous *râle* at the anterior part of the chest; pulse 140; respirations 20; continuance of the tumefaction of the left tonsil. (Same prescription—several cataplasms to the abdomen.)

"*July 12th.* Delirium yesterday in the day; slight delirium in the night; two liquid evacuations; state of stupor and prostration considerable; tongue very dry, cleft, brown; the erysipelas has entirely faded; the left tonsil continues to be slightly tumefied; abdomen very flat; always a little painful; pulse 140; respiration 28; pulse small and feeble; respiration very high. (Lemonade, two pots; several cataplasms to the abdomen; sinapisms; mucilaginous mixture; diet.)

"*July* 13*th*. Tongue extremely dry, cleft, brownish; prostration complete; pulse 132, small, filiform; one evacuation; but little delirium in the night; respiration much accelerated, laborious, very profound; behind, the mucous *râle;* to the left, subcrepitant *râle.* The patient is very ill. (Same prescription.)

"*July* 14*th*. He died in the night."

The dissection is given at considerable—at unnecessary—length. We shall extract that part only which relates to morbid appearances; these were chiefly in the abdominal viscera and throat.

"The *liver* was large, but healthy; the gall-bladder distended by blackish bile, of healthy consistence; inner membrane of the gall-bladder healthy. The *spleen* was of considerable size, nearly double what it ought to be; the colour of its tissue was not deep, and its resistance was rather increased than diminished. The *pancreas* was healthy. The mucous membrane of the stomach was every where of proper consistence and thickness; it was a little injected towards its great cul-de-sac, and more so around the cardia. Towards the pylorus it had a slight slaty hue. The *small intestine* was filled by a darkish green matter, which became more and more thick as it approached the large intestine. Throughout its whole extent, there was alternately a zone of a brownish red and another of healthy white. These zones were about one or two feet in extent, and the red portion seemed to be *cadaveric*, especially as the mucous membrane presented no change in thickness or consistence; towards the end of the small intestine, however, the redness became more vivid and more general, and it was at least doubtful whether the redness was there cadaveric. In the whole extent of the small intestine numerous veins were apparent under the mucous coat; this venous injection likewise existed in the mesentery, and in the greater part of the abdominal organs. Setting out at about the middle of the small intestines, some patches of Peyer, more or less developed, began to be met with, presenting different characters. When carefully sought for, twelve or thirteen were counted as far as the cœcum. They were one or two inches long and about four lines broad; but some, the greatest number, were so little prominent that they were discovered less by the projection than the interruption of the valvulæ conniventes of the intestine on their level. They did not, moreover, exhibit any change of colour. Others of them were decidedly prominent, but without alteration of colour. Their surface was nipple-shaped and slightly swollen. Their number held the medium between the preceding and the following. Lastly, four of these patches were more prominent; tumid, likewise, at their surface like the preceding, and of a vivid red colour.

"As regards their arrangement, they were not, as might be believed, more and more changed as they approached the cœcum; for, commencing at the uppermost extremity, the second patch met with was red and tumefied; the two following were scarcely changed; the fourth was likewise red and tumefied; and a last red patch existed near the cœcum. None of these patches were ulcerated.

"The *large intestine* was healthy, if we except a reddish hue of its mucous coat, which appeared to be the result of cadaveric alteration. The appendix vermiformis exhibited no morbid change. The kidneys were healthy. The bladder and ureters were not examined.

"On the neck being dissected so as to separate the trachea and œsophagus from the cervical vertebræ, commencing at the lower part of the neck, a copious purulent collection was met with, bounded anteriorly by the pharynx, posteriorly by the vertebral column, and beneath the tonsil from which it was separated by an aponeurosis, and ascending to the basilary process, and inferior surface of the petrous portion of the temporal bone. The pus which it contained was thick, yellowish, and of good character."

Art. VIII.—ON TUMOURS OF THE BRAIN.

BY PROF. J. F. H. ALBERS, OF BONN.[1]

The author of a long paper, entitled "Tumours of the Brain" (Die Geschwülste des Gehirns), has deduced, from a comparison of his own observations with those of Abercrombie, Andral, Lallemand, Nasse, Bellmer, Jacobi, Rhodius, Kramer, Kalow, Püllen, and Burdach, the frequency of tumours in different parts of the brain to be as follows:—

In the circumference of the brain	52
In the gray substance of the large hemispheres	53
In the medullary substance of do.	34
In the corpus striatum	2
In the thalami nervorum opticorum	9
In the corpora quadrigemina	1
In the right lateral ventricle	12
In the left do. do.	3
In the lesser brain—gray substance	22
" " " medullary substance	22
In the corpus callosum	2
In the medulla oblongata	4
In the pons Varolii	11
In the apophysis cerebri (tuber annulare)	10
Total	237

From this table it would appear that the greater hemispheres, the circumference of the brain, and after these the cerebellum, are the most common situations for tumours.

Professor Albers enquires at some length, in the paper before us, into the different kinds of tumours which can occur in the brain.

Art. IX.—HUGE DOSES OF SULPHATE OF QUININE.

BY DR. THOMAS FEARN.[2]

Some of our western brethren have been distinguished for the immensity of their doses of agents, generally regarded *heroic*. The former professor of the theory and practice of physic in the Transylvania school, rendered himself famous for his teaspoonful doses of calomel; his highly respectable successor will be celebrated for the like doses of the sulphate of quinine.

The following case exhibits Dr. Fearn's mode of employing the article in malignant remittents.

"When, in March 1836, Col. Parker was put upon the use of quinine, he had been labouring under bilious pleurisy for about eight days, had been bled several times freely, taken one or two emetics and been purged repeatedly with cathartics, containing calomel, which had brought away large quantities of dark vitiated bile. But notwithstanding these remedies, the symptoms of the case were more aggravated. The fever recurred, with parched tongue, delirium, difficult and bloody expectoration, with pain in the chest so violent as to make him cry out at every recurrence of the cough.

[1] Journal der Chirurgie und Augenheilkunde. 23er Band. Drittes Heft. s. 346.

[2] The Transylvania Journal of Medicine, for Oct., Nov., and Dec., 1836. p. 705.

"Although the fever had no time since the outset intermitted entirely, yet for the last few days, it was thought the remissions had assumed the tertian type; and upon consultation it was concluded, should the patient survive until another remission, *sulphate of quinine* should be resorted to in decisive doses, under the firm conviction that another paroxysm would terminate his existence. I waited through the night for the expected remission; and when I believed there was as near an approach to apyrexia as would occur, although the pulse still remained about 100 in a minute, and the skin above the natural temperature, I gave him, at one dose, three teaspoonfuls of the medicine, (a measure which was subsequently ascertained to weigh 32 grs). At the end of an hour there was a diminution in the frequency of the pulse;—the invariable effect of *large* doses of *quinine* when its operation is favourable. Another dose of similar size was now administered, and a still further reduction of the pulse was observed, at the end of the next hour, accompanied by a 'ringing in the ears.' The same dose was again repeated; making 96 grs. in two hours. The case was then left in the care of Dr. Michie, the attending physician.

"The patient was not again seen by me during his illness, but my partner, Dr. Erskine, visited him the second day after, when he learned that several other smaller doses of quinine had been given after my departure, during that and the succeeding day, amounting, probably, to 30 grs. more. He found Col. P. almost *blind*, but in all other respects much improved. The fever had recurred; his recovery was not rapid, but was gradual and steady from this period.

"In administering quinine in remittent fever, our practice had usually been to give three doses of 20 grs. each, with an interval of an hour between; and this quantity had never before been exceeded by me. The effects were, almost invariably, to reduce the frequency of the pulse, sometimes from 100 to 60, and even to 50, in the minute; to produce perspiration, ringing in the ears, partial deafness, and in two or three instances blindness, or obscurity or confusion of vision. These effects have never been known by us to be permanent, or to continue longer than a few days.

"I am asked whether I consider the action of quinine as *sedative?* My opinion is, that it acts more as a narcotic. In small doses it is most usually stimulant: but in large doses the stimulant effects are not obvious, if indeed they produce a sedative operation.

"In judging of the propriety of the course pursued in the case of Colonel Parker, it must be recollected that he had had, for several preceding years, repeated attacks of intermittent fever."

Some of the German writers—as Hensler—look upon the bark and its active preparation as tonico-paregoric (tonisch-paregorisch). We are satisfied that undue apprehensions are entertained respecting their exciting properties. We have remarked elsewhere[1] that we have often given the cinchona in the healthy as well as excited state of the system, without observing any increase of excitement, except in particular habits. Its action is manifestly exerted on the nervous system, and, through the impression it makes there, it may, and doubtless does, prove sedative, probably by revulsion. The observations, indeed, of such an experienced practitioner as Dr. Fearn, are sufficient to prove this; but it is scarcely questionable, in our mind, that a much less quantity of the sulphate of quinine would have been found sufficient, and that the surplus was a waste of the article; and the same remark applies to the enormous doses of calomel recommended by Dr. Fearn's predecessor and others in certain diseases.

[1] General Therapeutics, p. 128. Philadelphia, 1836.

Art. X.—GUN-SHOT WOUNDS.

BY DR. LACHESE, FILS.[1]

Adjunct Professor of Legal Medicine at the Secondary School of Angers.

Professor Lachèse, having been called upon to depose on a question involving the subject of his paper, instituted a number of experiments, by firing at the dead body, to appreciate the phenomena at different distances, from which he arrives at the following results, first of all properly remarking:—

"Notwithstanding the difference that must exist between the physical properties of the living tissues and the dead, and the variations that might have been induced in these experiments by the quality of the firearms employed, and the quantity and quality of the powder and of the projectiles,—as I employed only the firearms that are in common use, as well as the different kinds of shot, powder, and wadding,—I think we are justified in deducing the following conclusions:—

"1. Whatever some authors may have assumed contrary to the opinion generally admitted, a discharge from a shot gun so near as to make but one hole (*faire balle*[2]), does not produce mischief of the same kind as that which results from a ball properly called, but it causes effects infinitely more serious and extensive.

"2. In order that a discharge of powder shall penetrate into the cavities, and make an external wound like that produced by a discharge of shot making but one hole (*faisant balle*), the gun must be of great calibre, be heavily charged, and there must be a distance of at least seven inches between the muzzle of the firearms and the body wounded.

"3. To produce with a shot-gun a single round aperture with regular edges, as if made with a punch, the gun must be fired at ten or twelve inches distance at the most. At from one foot to eighteen inches, this aperture has its edges torn by a greater or less number of shot, and a considerable number have entered in a scattered manner at three feet; there is no central opening, and at a greater distance the space covered by the shot is more extensive in proportion to the distance, the goodness of the firearm, the smallness of the charge, &c.

"4. If, instead of being discharged on a naked body, as we have so far supposed, the discharge takes place on a body covered with clothing, the same effects may take place, but not at the same distances; these distances should be less in proportion as the clothing is more numerous, thick, or consistent."

Art. XI.—PUNISHMENT OF QUACKERY IN FRANCE.[3]

It would seem that the authorities of France consider it advisable to proceed actively against the announcers and venders of secret remedies, in other words, to protect the people—with whom, after all, the fault of encouraging empiricism rests—against themselves.

In the month of July last, a sentence of the sixth chamber of correctional police of the Tribunal of the Seine had condemned the Sieur Giraudeau, *alias* de Saint Gervais, to six days' imprisonment and a fine of three hun-

[1] Annales d'Hygiène Publique, &c. Avril, 1836.

[2] *Faire balle* means "to make a hole like a ball;" the discharge taking place so close that the shot have not scattered.—*Ed.*

[3] Bulletin Médical Belge. Nov. 1836.

dred francs, for having announced secret remedies (the *Rob anti-syphilitique* and the *mixture anti-gonorrhéenne*).

This sentence, which went by default, was subsequently opposed by the Sieur Giraudeau; but as it was proved that he had been received doctor in 1825, and had announced an anti-odontalgic elixir, an ophthalmic ointment, and lastly, an anti-syphilitic rob and mixture; that he had copied the receipt of his rob from a pamphlet published in 1821 by the *pharmacien* Mousselet, that each bottle of the rob, which is sold to the public for twelve francs, cost him twenty four sous, &c. &c., the tribunal confirmed the judgment, condemning him to six days' imprisonment and to a fine of three hundred francs.

At the same time Dr. Albert Chaumonnot, better known under the name of Charles Albert, another celebrated syphilitic doctor, opposed a judgment passed against him by default, which condemned him to pay a fine of three hundred francs, for announcing secret remedies; these were his notorious *Bol d'Arménie*, and *Vin de Salsapareille.* M. Chaumonnot—a doctor of medicine and master of pharmacy—denied that he had invented any thing; and affirmed that his "Armenian Bole" was merely the *Argilla rubra* of the "Codex," a simple remedy; and his "Wine of Sarsaparilla" nothing more than an infusion of sarsaparilla in wine, in other words an *officinal remedy*, which the merest tyro could make as well as he. The tribunal, however, confirmed the first judgment, but reduced the fine, owing to the doctor's modest admissions, to two hundred francs.

Art. XII.—ON THE LOBELIA INFLATA IN INFLUENZA.

BY DR. CARTWRIGHT.

In the last number of a foreign periodical,[1] we observe a letter from Dr. Cartwright of Natchez, then in Great Britain, to Mr. Henry James Johnson, one of the editors of the periodical, in which he suggests the use of the lobelia inflata in the prevailing influenza, a disease, he says, attended with inflammation of the mucous membrane of the bronchial tubes, bearing depletion badly, and being most destructive to the old and the infirm. In this communication Dr. Cartwright affirms,

"1st. That when the serous membranes of the chest are affected, tartar emetic and the lancet are worth all other remedies put together, and those cases which will not bear the lancet, will bear tartar emetic in considerable doses.

"2d. But in those diseases affecting the mucous lining of the bronchial tubes, the lobelia inflata comes as near being a specific as tartar emetic and the lancet in pneumonia and pleurisy. As a remedy for asthma, you are of course acquainted with the virtues of the lobelia inflata. The observation that it holds a controlling power over inflammations of the mucous membrane of the lungs, has never, I believe, been announced to the medical world, and originated with myself."

Passing over the question of originality, we may remark, that we should be disposed, from the results of our own observation, to doubt the superior efficacy of the lobelia in the cases referred to by Dr. Cartwright. It is a most valuable sedative, and as such has been extensively used in this country,

[1] Medico-Chirurgical Review, for April, 1837, p. 586.

both by the regular physician and the empiric, and although it has been more frequently administered in inflammatory affections of the lining membrane of the air passages, its sedative agency is equally exhibited in other phlegmasiæ. Dr. Cartwright is evidently disposed to esteem its operation "specific," yet we scarcely understand the application he gives to the term, as he considers blood-letting and tartar emetic to be such in pneumonia and pleurisy. In another part of his letter, he speaks of the lobelia as being, "for *inflammations and congestions* of the mucous coat of the bronchial tubes precisely what the lancet and antimonials are for inflammations of the serous membranes of the thoracic viscera." We confess, again, that we do not exactly comprehend what he understands by "inflammations *and* congestions." Does he mean in both cases active hyperæmia? or does he include, also, in the latter term, that accumulation of blood which occasionally takes place in the capillaries, owing to want of action in the vessels of return, the veins? If he assigns the term "congestion" to this condition, we do not see how a sedative, as the lobelia, can act equally well in it as in the condition of active hyperæmia, constituting inflammation. The term "congestion" is too often used in our descriptions without any clear or definite acceptation; and they who are most in the habit of employing it, are commonly unable to define exactly either what they wish to convey by the term, or the precise symptoms by which the presence of the condition is indicated. But if it be determined, with or without satisfactory reason, that such a fancied condition—"a congestion"—exists, no doubt is suffered to rest as to the treatment. The lancet in the opinion of most is indispensable; whilst others invoke some other antiphlogistic or "specific" agency.

For the reasons above-mentioned, the term "congestion," except in its old English sense of "collection or accumulation," is now rarely used by the best pathological writers.

Art. XIII.—FETID BREATH CURED BY ALUM.

BY M. A. CAVARRA.,

Doctor of Medicine and Philosophy in the University of Palermo.

The cause of fetid breath is far less frequently in the mouth than in the respiratory organs, where it is generally, perhaps, occasioned by an altered secretion from the follicles of the mucous membrane, rather than from any exhalation from the blood of the pulmonary vessels. It seems rarely to be connected directly with the state of the digestive organs.

Perhaps the most satisfactory treatment is to administer internally the chloride of soda, which, by continued use, may diminish an evil certainly very difficult of eradication.

The case related by M. Cavarra[1] was of the following description:—In the course of the past year, he prescribed six grains of calomel to a lady who was constipated, owing to the repeated use of some styptic substance. This

[1] Bulletin Clinique, Août, 1836; in Encyclographie des Sciences Médicales, October, 1836.

dose caused salivation, for which alum was employed. The patient recovered, and, with the disease, a *fœtor oris*, so insupportable that it was impossible to stay in the chamber with her, disappeared. In many other cases of bad breath, a gargle of sulphate of alumina was employed with equally satisfactory results.

This treatment is of course only applicable in cases where the fetor is caused by a morbid condition of the mouth and fauces. It can be of no use where the seat of the affection is lower down the gastro-pulmonary mucous membrane, as is almost universally the case.

The strength of the gargle, used by M. Cavarra, was *two ounces*[1] of the sulphate of alumina to *four ounces* of water. It is recommended to be used night and morning.

BIBLIOGRAPHICAL NOTICES.

Miescher on the Formation, Structure, and Life of Bone,[2]

The dissertation by Dr. Miescher "On the Formation, Structure, and Life of Bone" is an admirable exposition of the present state of knowledge on the subject, united with the observations of the author himself, who is fully informed on the literature as well as the anatomico-physiological bearings of his topic. The chapters are:—1. On the formation of bone. 2. Observations concerning the structure of cartilage. 3. The intimate structure of adult bones. 4. Annotations and observations on the osseous tissue formed preternaturally in other textures. 5. Chemical composition of bone. 6. Parts, which, along with the osseous tissue, go to the formation of bone, as the periosteum, medulla, &c. 7. The vitality of bone. And, lastly, additional observations on the particles of bone containing lime.

The investigations of Arnold on the structure of bone and cartilage had not been published when the author wrote the body of his dissertation, but he refers to them in his preface. From the whole of his observations on the phenomena of ossification on man, the calf, cat, rabbit, squirrel, and mouse, he infers: *First.* That the formation of cartilage precedes that of bone. *Secondly.* That every ossifying cartilage is an organic texture, which is constituted of a like substance, more or less pellucid, elastic, at first almost colourless, and afterwards of a greenish white colour, having a multitude of peculiar corpuscles interspersed in the substance, which can only be seen by the microscope. *Thirdly.* In the conversion of cartilage into bone, the cartilaginous substance, which surrounds the corpuscles, becomes first changed. It follows, *Fourthly.* That the structure of bones is at first alike cellular or vesicular, and that the medullary cells or canaliculi appear later and are secondary. *Fifthly.* The ossification of an ossifying cartilage is an evolution, which cannot be accurately defined.

[1] Query—Ought not this to be two drams?—*Ed.*

[2] De Ossium genesi, structura et vita. Dissertatio inauguralis anatomico-physiologica, &c. &c. Die ix. M. Januarii A. MDCCCXXXVI, &c., palam defensurus est Auctor Fridericus Miescher, Bernensis, &c. &c. Beroli. 4to, pp. 77, cum tabulis.

Dr. Miescher quotes, from Schreger, the following as the proportions of the animal and earthy parts of bone:—

	Infants.	*Adults.*	*Aged.*
Animal matter	47.20	20.18	12.20
Earthy matter	48.48	74.84	84.10
	95.68	95.02	96.30

The proportions, however, differ in the different bones. According to Thilenius—in a dissertation on the chemical composition of bones, published at Göttingen, in 1823—the bones of the new-born infant, freed from animal matter by burning, left 57.59 per cent.; the vertebræ of the neck and back, 47.41; the clavicle of a boy, 63.26; the os frontis, and os parietale, 65.21; the petrous bone of the adult, 68.72; the bones of the extremities, 66.66; the ribs, 63.37; the frontal, femoral, occipital and inferior maxillary bone of an old person, 66.79.

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Newnham on the Disorders of Literary Men.[1]

There is doubtless much good sense in this "Essay," but it dwells—needlessly, we think—upon the evils resulting from the exercise of the brain in intellectual operations. When such exercise is indulged at an early age, before the organs have attained their maturity, mischief may result, by the excitement of the encephalon giving occasion to hypertrophy of that organ at the expense of others; but we are satisfied that, except in such cases and in extremely impressible habits, intellectual labour, provided all collateral irregularities be avoided, is positively healthful, and such is the conviction of many attentive observers who have turned their thoughts in this direction. The want of exercise, of the proper allowance of sleep, and irregularities of diet, are the parents of most of those disorders that are ascribed to study.

To show the means by which the largest amount of intellectual exertion may be secured with the least possible injury to the physical and mental powers, Mr. Newnham recommends attention to the following admonitions. *First.* Seek after contentment and cheerfulness. *Secondly.* Introduce *order* into all your pursuits. *Thirdly.* Be especially watchful over the passions. *Fourthly.* Secure a frequent intermission and change of employment. *Fifthly.* Cultivate friendly and relative [?] society. *Sixthly.* Let a certain portion of each day be allotted to *bodily exercise. Seventhly.* Let a due proportion of hours be allotted to sleep. *Eighthly.* "The agency of air upon the animal economy is not to be forgotten; particularly with regard to its pressure, its purity, and its temperature." *Ninthly.* "One word on the subject of clothing—the literary man is generally chilly." Mr. Newnham therefore recommends flannel to be worn next the body, and that it should be kept *comfortably warm.* And *Tenthly,* He desires attention to regimen.

Whatever difference of sentiment may exist as to the mode in which the disorders of literary men are induced, there can be none as to the propriety of those inculcations. They meet the evil howsoever induced.

[1] Essay on the Disorders Incident to Literary Men; and on the best means of preserving their health. Read before the Royal Society of Literature, Nov. 5, 1834, and dedicated by permission to the Lord Bishop of Salisbury. By W. Newnham, Esq., M. R. S. L. 8vo. pp. 36. London, 1836.

Dr. Thomas Miner's Address.[1]

A plain, unpretending, and sensible production, from a venerable practitioner. The address affirms—what by the way, we had previously every reason for believing—that the state societies, established with similar views to that of which Dr. Miner was president, have had great influence in promoting the respectability of the profession, and harmony amongst its members.

There is great good feeling and good sense in the concluding paragraph of Dr. Miner's address:—

"I have great respect for the labours and exertions of our predecessors, without wishing, however, to indulge that excessive veneration for the past, or extreme apprehension for the future, which is common with many old men. Nor am I insensible of the great value of the present, and of the superior means, which we possess, for preventing, removing, or mitigating the moral and physical evils which are incident to humanity. I am not disposed, by any means, to consider that every thing, to be good, must have the sanction of antiquity. Every improvement is necessarily an innovation. Some changes must take place in accordance with the times, and new variations occasionally be introduced. Those upon the stage and in active life must be the judges of the wants of their age. I have but little apprehension, therefore, that our successors will not be able to manage their affairs upon as correct principles as those upon which our predecessors and we have founded and conducted our own institutions. With these views I cheerfully and confidently resign my small share in the direction of the Medical Society."—p. 12.

The address refers to the deplorable state of medical science in Connecticut before the establishment of the society, and vindicates the continuance of the inhibitory laws against empiricism.

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Analysis of the first volume of the Transactions of the "Medical Society for Observation" of Paris. By Dr. H. J. Bowditch, *of Boston.*

The following communication from Dr. Bowditch, the able and zealous editor of two of the most important works of the distinguished Louis, of whom he was the pupil and ardent admirer, is almost too long for our periodical; referring, however, as it does, to separate and distinct memoirs, the results of careful and systematic observation, we unhesitatingly publish it. We shall hereafter give an English version of some, if not of all, of the monographs.

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Boston, May 10, 1837.

Dear Sir,—I recently received from Paris, the first volume of the transactions of the society for medical observation of that city, and as it contains some very valuable papers, and most perfect specimens of the numerical method of investigating disease, I am desirous of giving you a sketch of it.

In the preface we are informed of the origin and progress of the society, by which it appears that a few individuals, dissatisfied with the inaccurate methods hitherto pursued in medical literature, formed themselves into a society for the purpose of making the members of it good observers of the phenomena of life and of disease, and with the hope, likewise, of advancing medical knowledge. These persons chose M. Louis president for life of their society. They have since met every week to hear the recital of cases

[1] An Address to the Annual Convention of the Medical Society of Connecticut, convened at Hartford, May 10, 1837. By Thomas Miner, M. D., President of the Society. Published by order of the convention. 8vo, pp. 12. New Haven, 1837.

prepared, from actual examination of patients, by one or more of their number. After these cases have been read, each member has had the liberty of pointing out any errors or omissions that he may have remarked. The president, likewise, from time to time has proposed the solution of difficult questions, by appeals to actual observations made by members of the society; and from these questions have arisen two of the most important of the memoirs in this first volume, Nos. 3 and 5. In the following summary I shall make use of as few words as possible.

1. *By M. Louis. On the proper mode of examining a patient and of arriving at facts of a general nature.* This memoir contains an account of the numerical method. It is divided into three chapters. 1st. Containing the conditions, which, according to M. Louis, are necessary in order that an "*observation*," or in other words, a recorded case, may be fit for use in medical investigations. 2d. An account and defence of the numerical method. (In a note to this chapter there are some remarks made by Navier in the Academy of Sciences relative to the subject.) 3d. The author describes his mode of making tables, previously to writing upon any subject, and as illustrations he has given two tables, one from his notes on colica pictonum, the other from those on typhus. The whole of this memoir I have long wished to see published. It will give an idea of the intense powers of application which M. Louis possesses, and likewise afford an example of the manner in which writers of the numerical school compose their works.

2. *By M. Maunoir, of Geneva.*—It contains an analysis of all the cases of *cataract* which he saw in the ward of M. Roux, during four operating seasons. They are 121 in number. The author speaks of the *causes*. Sex has no marked influence upon the production of cataract,—61 males, 60 females. Age, and the hereditary nature of the affection, have a decided influence. About one sixth only of the patients were under 50 years, and but one fourth had parents affected with it. It commenced slowly in 52; suddenly in 10. *Symptoms.* A mist before the eye was observed in all; but in three fourths of the cases, other symptoms likewise occurred, the most common of which were muscæ volitantes. Of 55 persons, 45 saw better in the dark than in the light; of 45, 15 saw better those objects which were a little on one side of the axis of the eye, than those directly in the same line with it; 8 could see no better wherever the object was placed; 23 had remarked nothing peculiar in reference to this point. The pupil was regular and movable, and the sight was not entirely gone in almost every case. *Capsular cataract* is rare, it having been present in 5 only of 179 cases, in which extraction of the lens took place. M. Maunoir states that from these cases he was satisfied that Beer and Travers are incorrect in supposing that the capsular cataract can be always recognised. *Duration.* Mean time, in 47 patients, 5 years, 1 month, and 4 days. Men retain for a longer time the healthy eye (when one only is affected) in a good condition than women do. The mean time which was occupied in forming the cataract in the first eye, was 1 year 7¼ months in men; 2 years, 7 days in women; in the second eye, 1 year 4½ months in men; 2 years 14 days in women. *Results of the operation*, (extraction always): 73 patients out of 115 recovered sight; but of 179 operations 97 only were successful. Suppuration and secondary cataract were the most common causes of failure. *Prognosis.* Between 20 and 69 years, age had no perceptible influence upon the result; but above 70 years the results of the operation were less favourable. They were less so, too, in females than in males; those from operating upon one eye were less satisfactory than those from operating upon both eyes on the same day. The pricking of the internal angle of the eye, and lesions of the iris are rarely followed by evil; the most serious accident is protrusion of part of the vitreous humour.

3. *By M. Louis. On Emphysema of the Lungs.*—Ninety cases analysed (fifteen of which are due to the late Dr. J. Jackson, Jr., of Boston). This memoir is similar to those previously published by Louis in its general arrangement. He first speaks of the anatomical changes observed in the thorax,

viz. dilatation of the air vesicles, and occasionally hypertrophy of the heart. The former was sometimes so great that the vesicles were as large as peas in portions of the lungs; when the affection was general it prevented the lungs from collapsing when the sternum was raised. Louis thinks there is hypertrophy of the walls of the vesicles as well as dilatation. This affection occurs about as frequently in one lung as in the other; usually most marked at the anterior edges. Adhesion of pleura in thirty out of thirty-six cases; but Louis thinks, with justice, they were not owing to the emphysema. Bronchia well, usually. Tubercles in ten subjects; that is, they occur less frequently in subjects having emphysema than any other disease Louis has observed. The *heart* was enlarged in sixteen cases, owing in some measure, at least Louis says so, to the emphysema.[1] *Symptoms.* In examining these, he speaks first of those in persons who recovered, secondly in those who died. I shall mention the former merely, unless something different is observed in the latter to make such notice necessary. *Dyspnœa.* In forty-two out of forty-four; this sometimes commences with earliest childhood. *Form of chest.* Always more or less prominent, locally or generally. This prominence begins about the clavicles, and in one part, first noticed by our author, viz. *behind* the clavicles. This was observed in every case excepting one, noticed lately. The *sonorousness* of the chest on percussion augmented in all cases, save one where the muscles were large. No exception among those who died. Among the *râles*, Louis thinks the whistling or hissing (*sifflant*) may be somewhat peculiar to emphysema, though it does exist in other diseases. He does not allow that the subcrepitant *râle* or the "*râle crepitant sec à grosses bulles*" of Laennec is pathognomonic of this disease, but he thinks it owing to the acute catarrh, which frequently accompanies emphysema. *Pains* in the chest observed in fifteen out of thirty-two, owing, Louis thinks, to dilatation of vesicles. *Cough* in every case except one. *Sputa* frothy, like a solution of gum arabic, except during an attack of acute bronchitis, when they are greenish, opaque, and thick. *Palpitations* in twenty out of thirty-eight; but usually the dyspnœa commences before them. Œdema in ten out of forty, owing to hypertrophy of the heart. *Appetite* and *flesh* generally sufficient. *Diagnosis.* The importance of it, to distinguish it from phthisis. *Causes.* Little known.[2] Its hereditary nature is decided by Jackson's cases; eighteen out of twenty-eight had emphysematous parents. *Frequency* of this affection much greater than is usually supposed. *Treatment.* Of all remedies, recommended by Laennec, opium is the sole one which had much influence, and this afforded much relief at times.

4. *By M. Bizot. Upon the Heart and Arteries.*—Having been with M. Bizot for many months, whilst he was occupied in the investigation of this subject, I can bear witness to his untiring devotion in the study. The present memoir is worthy of all praise, and is one of the most important and satisfactory of the whole. One feels assured of having arrived at truth, and not mere opinion. It sometimes makes one smile to see how M. B. proves, by his statistics, the assertions of such men as Andral, Bichat, Richerand, &c., to be unfounded. It is almost impossible to condense the memoir, for already it is a summary. It contains the results of the examination of one hundred and fifty-six bodies, all the chief arteries of which were removed carefully and examined minutely. I will state some of the results of chap. 1st. The heart increases regularly in size from youth to old age; heart less in woman than in man; short persons have a larger heart than tall ones; heart larger according to breadth of shoulders; heart smaller in phthisis than in other diseases; this contrary to the opinion of Bouillaud and Bertin. (In this connection, M. Bizot destroys a common notion, that a narrow chest

[1] May not this account for the frequent occurrence of emphysema and apoplexy in the same family. That this is the case was suggested to me by one whom I respect very much. It is worthy of attention.—*H. J. B.*

[2] I have seen two cases in which it succeeded measles.—*H. J. B.*

predisposes to consumption, as he has found by actual measurement, that the shoulders of phthisical patients are a little broader than of those not affected with consumption). Chap 2. Right ventricle larger than left, Andral *thinks* them equal. Chap. 3. Walls of left ventricle thinner in female than male; thickness of its walls increases from childhood to age, Béclard says old persons have thin walls; the *right* ventricle does not increase in thickness, but remains nearly stationary during life; maximum, two and a half lines. Chap. 4. Orifices all dilated with age, when healthy. Chap 5 and 6. Dimensions and forms of the different arteries. The latter is interesting; M. Bizot says that there are five kinds of forms, four consisting of combinations of cones, and one a perfect cylinder. Certain arteries tend to take one form, and others to take another; the popliteal is generally two truncated cones united at their bases; the radial presents most frequently the perfect cylinder. The second part treats of the acute and chronic diseases of the arterial system, in two chapters. 1st. M. Bizot has seen but one lesion primitively acute, viz., an effusion upon the lining membrane of the artery either general or local, having a smooth, transparent, jelly-like, albuminous aspect, sometimes a little red, at others pale. When this is general, very severe symptoms are observed, if we may draw any conclusion from three cases given by the author. In all of these, there was very intense fever, with œdema, without any symptoms in any large organ to account for the disturbance. The author calls this affection aortitis, but it differs much from the affection as described by Bouillaud and Bertin,[1] in its pathological state and the symptoms. In this connection Mr. B. criticises the works of these writers, and proves, from their own cases, their assertions, in regard to the pathognomonic signs of aortitis, to be incorrect. 2dly. He speaks of diseases of a chronic nature from their commencement. These are divided into two, viz., those common to all the arterial system, and those peculiar to the arteries of the limbs. The first arise in little bodies about the size of a grain of sand, between the inner and middle membranes. These bodies unite, form patches, and terminate in ulcers and ossifications. The second are of two kinds,—1st. Similar to the little bodies just described, but they are situated in the substance of the middle coat of the artery. They gradually encircle the vessel, make it stiff and brittle; the calibre becomes larger; never ulcerates. 2d. A transverse division of the internal membrane; these at first are mere divisions but shortly they become coarse wrinkles. In the third part, the author treats of the origin of various affections of different parts of the circulating system; namely, white spots and fat on the pericardium; the influence of age upon the lining membrane of the heart. Mr. B. deduces from his facts that age has much influence upon the production of opacity in the left cavities, and he thinks Bichat is wrong in supposing the membrane to be different in the two in consequence of that of the left becoming opaque while the right never does; Mr. B. thinks it owing to the difference of the contents. Of one hundred and fifty-five patients, forty-four had communication between the right and left ventricles, the valve being not entirely closed, yet none of these had symptoms of diseased heart. A rupture of the sigmoid valves, either in small points or over a large surface, is observed most commonly between sixteen and thirty-nine years of age. As yet no marked symptom accompanies this affection. Sometimes the sigmoid valves are adherent to each other. The valves of the right cavities are much less frequently diseased than those of the left. The remainder of the memoir is occupied in the detail of the influence of age upon the different lesions of different arteries, their development, and with the account of a very remarkable law of symmetry, by which it appears, that when an artery is affected with any lesion (except the cartilaginous formation) the corresponding artery is similarly affected, and in the same part. There are many curious results which I wish to detail, but I forbear, on account of the length of this letter. I will merely state the

[1] Diseases of the heart and great arteries, by Bertin and Bouillaud.—*H. J. B.*

general result to which he has arrived in regard to the law of symmetry. Out of 2171 cases of simple spots observed in the various arteries of the body, this law failed to exist but in 62. By combining these various laws, M. B. comes to the conclusion, that these various diseases of the arteries do not explain as fully as one could wish the occurrence of aneurism, and that the history of the origin of aneurisms needs further investigation.

5. *By M. Marc d'Espine, of Geneva. On Orchitis.*—This is a valuable paper, but it does not pretend to display the long research of the preceding one. It is founded upon 30 cases. I shall quote from the summary of it given by the author. The disease begins with pain or with swelling in the testicle, generally the former. They increase for a time, never less than twenty-four hours, sometimes for twelve or thirteen days; and afterwards comes a gradual diminution for twenty or thirty days, and the swelling lasts sometimes two years. Commonly there are four regular stages: 1st, testicle is hard and smooth, so that we cannot distinguish the epididymis; 2dly, back and lower part becomes rough, front part more prominent; 3dly, after some few days the distinction between the lower and the upper part is very marked; 4thly, entire separation of the two, the epydidimis becoming of an almost stony hardness. *Resolution* may take place in either of these stages. Often, when the disease runs rapidly, both testicle and epididymis undergo resolution at the same time, but usually the testicle first, then the cord, and lastly the epididymis. A relapse does not necessarily retard the cure of the disease. *Febrile symptoms*, not always present; in one fifth of the patients they were entirely absent; they are in proportion to the pain. Orchitis, occurring in cases of blennorrhagia, not always dependent upon the sudden stoppage of the secretion from the urethra. In six out of twenty-nine cases, no change of the discharge, when orchitis began; in twenty-two cases it was diminished, increased, or suppressed, but either before or after the occurrence of orchitis; in three cases only was there an alteration of symptoms in the urethra and testicle, as usually described. *Prognosis* always favourable. *Treatment.* Leeches early employed diminish the duration. We may try to lessen the urethral discharge before orchitis is cured without fear of bad effects.

I have thus endeavoured to give you an analysis of the volume, but the work itself should be in the hands of every one who wishes to know the truth in regard to the practicability of applying statistics to medical investigations,—the principles of the numerical school,—and likewise to have important data upon all the subjects treated of in the volume.

With much respect I remain yours,

Dr. R. Dunglison. H. J. Bowditch.

The late Dr. Bushe.—We learn from a correspondent that the papers and correspondence of Dr. Bushe have been placed in the hands of Dr. G. S. Bedford, of New York, to be published for the benefit of his family. "The public may expect to have a faithful biography of this eminent surgeon, as well as a highly interesting and valuable work." Dr. Bushe's work on "Diseases of the Rectum" reached us too late for notice in the present number.

College of Physicians and Surgeons, New York.—One of the New York newspapers states, that Dr. Alexander H. Stevens, Professor of the Principles and Practice of Surgery in that institution, has resigned his chair; and that owing to the death of Dr. Bushe, and the absence of Dr. Mott, such an opportunity for success to a skilful surgeon has rarely presented itself before in that or perhaps any other city.